

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 FEB 19 AM 8:00

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PA90000 64791

1. Corporation Name

A DIFFERENT PERSPECTIVE FOR YOU, INC.
1383 PLUMOSA DR.
FT. MYERS, FL 33901

2. Principal Office Address

1383 PLUMOSA DR.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

Zip

33901

Country

USA

Zip

Country

REINSTATEMENT

03-04
MRS

500029035525
02/19/04--01005--018 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

7-21-1998

5. FEI Number

65-0854059

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STACEY IRELAND

Street Address (P.O. Box Number is Not Acceptable)

1383 PLUMOSA DR.

Suite, Apt. #, Etc.

City

FT. MYERS

State
FL

Zip Code

33901

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Stacey Ireland
REGISTERED AGENT MUST SIGN

Date

2/10/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
dp	STACEY IRELAND	1383 PLUMOSA DR.	FT. MYERS, FL 33901

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STACEY IRELAND

Date

Daytime Phone #

2/10/04 275-4247

CR2001 (01/04)